

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS

Dallas Division

Form To Be Used By A Prisoner in Filing a Complaint
Under the Civil Rights Act, 42 U.S.C. § 1983

CLERK US DISTRICT COURT
NORTHERN DIST. OF TX
FILED

2013 MAY -9 AM 10:01

DEPUTY CLERK

NAZARETH SAMON SHAW #12069540
Plaintiff's name and ID number

Dallas County Jail
Place of Confinement

8-13CV1764-K

Case No.

(Clerk will assign the number)

v.

CHIEF BROWN - 1400 S. Lamar St,
Defendant's name and address DALLAS, TX 75215

OFFICER J. McMillion - 1400 S. Lamar St,
Defendant's name and address DALLAS, TX 75215

Dallas County Misd Supervisor PORA
Defendant
(DO NOT USE "ET AL.")

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the Clerk of the United States Court for the appropriate District of Texas in the Division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. The list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate District Court, the Division and an address list of the Divisional Clerks.

FILING FEE AND IN FORMA PAUPERIS

1. In order for your complaint to be filed, it must be accompanied by the filing fee of \$350.00.
2. If you do not have the necessary funds to pay the filing fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis* (IFP), setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six (6) month history of your Inmate Trust Account. You can acquire the application to proceed IFP and appropriate Inmate Account Certificate from the law library at your prison unit.
3. 28 U.S.C. 1915, as amended by the Prison Litigation Reform Act of 1995 (PLRA), provides, "...if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." Thus, the Court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the Court will apply 28 U.S.C. 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your Inmate Account, until the entire \$350 filing fee has been paid.
4. If you intend to seek *in forma pauperis* status, then do not send your complaint without an Application to Proceed IFP, and the Certificate of Inmate Trust Account. Complete all the essential paperwork before submitting it to the Court.

CHANGE OF ADDRESS

It is your responsibility to inform the Court of any change of address and its effective date. Such notice should be marked "NOTICE TO THE COURT OF CHANGE OF ADDRESS" and shall not include any motion (s) for any other relief. Failure to file a **NOTICE TO THE COURT OF CHANGE OF ADDRESS** may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

I. PREVIOUS LAWSUITS:

A. Have you filed *any* other lawsuits in state or federal court relating to your imprisonment? ☐ YES ☒ NO

B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: _____
2. Parties to previous lawsuit:
Plaintiff(s) _____
Defendant(s) _____
3. Court: (If federal, name the district; if state, name the county.) _____
4. Docket Number: _____
5. Name of judge to whom case was assigned: _____
6. Disposition: (Was the case dismissed, appealed, still pending?) _____
7. Approximate date of disposition: _____

II. PLACE OF PRESENT CONFINEMENT: _____

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted both steps of the grievance procedure in this institution?

☒ YES ☐ NO

Attach a copy of the Step 2 grievance with the response supplied by the prison system.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff:

Nazareth Samon Shaw
Dallas County Jail, P.O. Box 660334,
Dallas, Texas. 75266

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: CHIEF BROWN

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you. AS ACTIVE Supervisor he didn't investigate my Allegations of ASSAULT, Attempt murder, By his STAFF OFFICER J. McMillion.

Defendant #2: OFFICER J. McMillion

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you. By CAUSING EXTENSIVE bodily Injuries, By ASSAULTING me during arrest AS medical document of Parkland Hospital as Attach with page 4 in Support.

Defendant #3: Medical Supervisor PORA

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you. Was NOT treated For EXTENSIVE injury to ASSAULTED AREAS, The SAVAGE Brutal beating I receive from this Dallas Police Officer.

Defendant #4: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #5: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember that the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

On the date of 10-17-12, time 3:00pm, I was arrested for Evade Arrest vs. Ho I Fleeed from Officer J. McMillion within 4 blocks before pulling over in a Oakcliff resident area. I jumped out my vehicle in tried to run on feet so Officer J. McMillion jumped out his car in start chasing me on feet within 5 feet I Nazareth Shaw stop running in politely laid down in the streets without any resistance. Officer J. McMillion jumped on me after putting handcuffs on me, and started beating me in my head numerous of times with his Flash light for no reasons at all. Due to this major head injury that Officer J. McMillion caused I was hospitalize for 2 weeks and now suffer major head pains, blurry visions. I do have a medical history. IF IT had not been for other Dallas Police Officers arrival to this arrest, Officer J. McMillion would have killed me without ANY proper cause. Respectfully Submitted
Nazareth Shaw

VI. RELIEF: State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Officer Fired and monetary Damage Awarded / For mental, physical, emotional Damage / Future medical coverage.

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases:

NONE

B. List all TDCJ-ID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you, if known to you.

TDC# 835646-1109171

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES ☒ NO

B. If your answer is "yes", give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division):

2. Case Number: _____

3. Approximate date sanctions were imposed: _____

4. Have the sanctions been lifted or otherwise satisfied?

YES NO

C. Has any court ever warned or notified you that sanctions could be imposed? _____ YES _____ NO

D. If your answer is "yes", give the following information for every lawsuit in which warning was imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed warning (if federal, give the district and division): _____

2. Case Number: _____

3. Approximate date warnings were imposed: _____

Executed on: 5-3-13
DATE

Nazareth Samon Shaw
Nazareth Samon Shaw
(Signature of plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand if I am released or transferred, it is my responsibility to keep the Court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand that I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions in a Court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire \$350 filing fee and costs assessed by the Court, which shall be deducted in accordance with the law from my inmate account by my custodian until the filing fee is paid.

Signed this Friday day of May 3, 2013.
(Day) (month) (year)

Nazareth Samon Shaw
Nazareth Samon Shaw
(Signature of plaintiff)

WARNING: The Plaintiff is hereby advised any false or deliberately misleading information provided in response to the following questions will result in the imposition of sanctions. The sanctions the Court may impose include, but are not limited to monetary sanctions and/or the dismissal of this action with prejudice.



CITY OF DALLAS

April 24, 2013

Nazareth Shaw, #12069540
North Tower 2W3
P.O. Box 660334
Dallas, TX 75266

Dear Mr. Shaw:

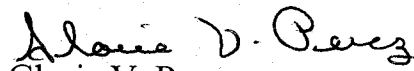
The Internal Affairs Division has received your complaint. The information you provided indicates that there may have been a violation of criminal law.

A copy of your complaint will be forwarded to the Public Integrity Unit. They will determine if an investigation is warranted and return their findings to the Internal Affairs Division. We will then determine if the situation warrants an administrative investigation.

Should you have any questions, please contact Sergeant Tanga Hampton, #4812, at 214-671-3986.

Sincerely,

DAVID O. BROWN
CHIEF OF POLICE


Gloria V. Perez
Deputy Chief of Police
Internal Affairs Division
Investigations Bureau

PI2013-009

**Emergency Services After
Visit Summary**Parkland Health & Hospital System 5201 Harry Hines Blvd
Dallas, Texas 75235 214-590-8000Shaw, Nazareth Samon #536803(HAR: 611451817) (CSN: 334491328) (36 year old M) EDMAIN-EAST 32-EST32 (Adm: 10/16/12) **Emergency** PCP: Arjumand Ghayas, MD

Allergies as of 10/17/2012

Date Reviewed: 10/17/2012

No Known Allergies

Chief Complaint**Abdominal Pain [110002]****Head Laceration [160267]****Diagnosis****Assault****ED Diagnosis****Assault****ED Disposition****Discharge****Current Prescriptions**

None

Home Medications

Medications	Sig	Start Date	End Date	Active?	Authorizing Provider
nabumetone 500 mg tablet	Take 1 Tab by mouth twice a day.	8/9/12			Ghayas, Arjumand, MD

****Please discuss the medications that are not marked as active with your primary care provider.******Immunization History as of 10/17/2012**

Never Reviewed

TD

2/9/2012

Follow-up Information

Follow up With	Details	Comments	Contact Info
Trauma clinic if you are still feeling bad in 2 weeks	in 2 weeks	Return to ER as needed	

Future Appointments

Date & Time	Provider	Department	Dept Phone	Center
10/25/2012 8:00 AM	Trauma Surg, MD	Surgery Trauma	214-590-5685	DSPMR

Referral Orders - Please call 214-590-5601 to schedule your appointment within 48 hours.

Future Appointments:	Provider:	Department:	Dept Phone:	Center:
10/25/2012 8:00 AM	Trauma Surg, MD	Surgery Trauma	214-590-5685	DSPMR

Future Orders	Please Complete By	Expires	Ordering Dept.
REFERRAL - TRAUMA CLINIC	10/17/12	2/14/13	ED MAIN

PCP and Location

PCP	Location
Arjumand Ghayas, MD	EMERGENCY SERVICES[2501]

Discharge Instructions

Nazareth Samon Shaw #12069540
North Tower 2W3
P.O. Box 60334
Dallas, Tx. 75266



United States District Court
Northern District of Texas
Earl Cabell Courts Building
1100 Commerce St. Room 14A20
Dallas, Texas. 75242

